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**Commentary**

## **County health system is flatlining**

By Quentin Young, chairman of Cook County Board President Todd Stroger's Health Care Transition Committee

June 15, 2007

We must act now to stop the dismantling of Cook County's health-care system before it's too late. This was the sentiment of many health experts who attended a recent luncheon on the quality of health care here.

Kenneth Robbins, president of the Illinois Hospital Association, reported at the session that in 2006 the county's Bureau of Health Services had 33,298 hospital admissions, 28,542 inpatient visits and more than 1 million outpatient visits. He said that in the last year, half of Cook County's private hospitals lost money, warning that if the county's health services continue to be slashed beyond repair, the resulting burden will cause some private hospitals to go under.

The years of patronage, nepotism, sweetheart contracts and fiscal incompetence will have destabilized the bureau fatally. In the next few months, with another huge budget shortfall looming, the million or so folks who use the county's health services will have to seek care elsewhere.

Paradoxically, what is unacknowledged and unheralded by the media and little known to the public is that during the last three decades, a remarkable health system has been created in Cook County. Despite toxic political intrusions, the bureau organized an impressive array of public health services: Cook County's Jail Health Services, which handles approximately 100,000 inmates each year; long-term care and rehabilitation at Oak Forest Hospital; 30 community- and school-based health clinics; the CORE Center devoted to HIV/AIDS outpatient care; the nationally renowned Occupational Health Training and Service; obstetrics and gynecology and pediatric services through Stroger and Provident Hospitals.

Nonetheless, critical functions were overwhelmed by increased medical demands. This resulted in absurdly long waiting times for important procedures such as colonoscopies and mammograms. Waits for filling prescriptions were measured in hours, even days.

The current budget crisis took decades to develop. Cook County Board President Todd Stroger responded to this challenge with decisions and appointments that made a bad situation catastrophic. His interim chief of the health bureau, Dr. Robert Simon, dismantled or impaired the achievements of the last 30 years with surgical precision.

There has been a 20 percent drop in patients receiving care, primarily due to the loss of half of the ambulatory-care staff and the elimination and downsizing of clinics. In addition to the large-scale firing of physicians and nurses (and other valuable professionals), there have been resignations by numerous outstanding staff unwilling to work in the degraded environment of these health facilities. Mind you, these seasoned employees are being snapped up by hospitals and academic centers here and in other cities. Their departure, however, intensifies the gathering debilitation of Cook County's health-care system.

While Simon has focused on cutting services, Stroger has failed to achieve one of the potential solutions: a sound system to bill and collect from third-party payers. Hundreds of millions of dollars remain unrecovered, aggravating the system's fiscal woes.

Stroger's own Health Care Transition Committee Report provided him with a roadmap for turning the bureau around. Highlights include: Institute a nationwide search for competent leadership; create an independent hospital board of health experts and civic leaders for the bureau; create a human resources system based on professional competence and free of patronage; adopt a new revenue cycle with an experienced financial team in place.

The media are fulfilling their responsibility by avidly reporting and condemning the many political abuses on the watch of Todd Stroger and Cook County's commissioners. The proposals of the transition committee validate the urgent need for a new social compact to fulfill the bureau's health-care responsibilities. It also requires the thorough depoliticization of the bureau. As Kenneth Robbins informed us, the county's health-care crisis is profound and puts all of us at risk. For example, when a hospital can't accept an emergency patient who comes to the facility in an ambulance, the personnel in the emergency vehicle must search for another hospital to take the patient. There were 804 "ambulances bypasses" countywide in 2006, and if the Cook County Bureau of Health Services is allowed to be dismantled, these bypass figures surely will increase.

During a recent bank robbery on the South Side, a teller was shot. His ambulance had to bypass four hospitals. Admitted to the fifth hospital, the teller died three hours later.

We must act before it's too late.

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# U.S., county must find solutions

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## Commentary

By Dick Durbin and Rahm Emanuel who represent Illinois in Congress  
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It's no secret that Cook County's public health system is in trouble. What isn't widely known is that the federal government came close to making things much worse.

Fiscal problems at the county level recently resulted in layoffs of doctors and nurses, the elimination of some health programs and the closing of medical facilities that serve tens of thousands of poor people and those without insurance. Not only will these cuts visit new hardships on those least able to afford them, but they also increase the burden on crowded emergency rooms where patients without recourse must go for care.

Meanwhile, the Bush administration proposed earlier this year to cut federal Medicaid funding for "safety-net providers" by almost \$4 billion. Safety-net providers are public hospitals -- like Cook County's Stroger Hospital -- local health departments and other facilities that provide the uninsured and vulnerable populations with health services. In Illinois, that proposal would have cost \$623 million. In Cook County, it would have cost up to \$235 million -- an amount that might have pushed our precarious public health system over the edge.

Such cuts are not just ill-considered, they're cruel. In economic terms, such cuts are also short-sighted. They would actually drive up health-care costs for millions of insured patients by forcing them to compensate for the increased cost to hospitals for the burden of providing care for the uninsured.

Fortunately, we were able to include language in the recently passed emergency supplemental spending bill to block implementing these cuts for one year. But blocking these cuts offers our broken health-care system only a reprieve, not a cure. At the federal level, we need comprehensive health-care reform that provides access to health insurance for all who need it. We cannot survive economically when 47 million Americans lack any health-care coverage -- or when U.S. companies are saddled with health-care expenses that far exceed those of their global competitors. We are committed to ensuring that health-care services remain available for those who need them. Skyrocketing costs and growing numbers of uninsured make our current health-care system unsustainable.

But Cook County government must also do its part. The budgetary and management problems must be addressed and quickly solved. Taxpayers cannot be asked to continue to subsidize a county health-care system that fails to bill patients for millions of dollars in services that could be recovered or that protects layers of highly paid management jobs while cutting frontline workers. We were able to spare Cook County and our state from severe cuts in federal reimbursement this year. But without significant reform of county health care, federal support is at risk.